$LEA\ Medicaid\ Billing\ \textbf{-}\ Service\ Documentation\ --\ Behavior\ Counseling$

Student name:					Birthdate: ICD 9 code(s)					
School district:					Building:					
Service										
Date of	Time in	Time out	Total time	Service code	Intervention/ service	Comments / student i	response			Initials
Service			(minutes)	(see below)	(describe if no code below)					
										_
										_
									-	
	+									-
										_
	 									
	Tot	tal time:	(**	minutes) (Due	cedure code H0046 HO	15 min unit)				
Commiss		iai ume:	(1	innutes) (Fro	cedure code H0040 HO	– 13 mm. umi <i>)</i>				
Service codes:					ol Claille Tresimin a CCT	W a ula	Completion WC	1		
					al Skills Training = SST	WOLK	Completion = WC			
					vior Management = BM					
Conflict Resolution Counseling = CR					Self esteem = SE					
	providers:					T				1
C					Position	Signature		Initials	Position	
<u>U</u>					Position	Signature		Initials	Position	
Signature	e]	Initials	Position	Signature		Initials	Position	
Signature Initials I					Position	Signature		Initials	Position	

(7-6-04)